

TEXAS DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL
RADIATION MACHINE TRANSFER/DISPOSAL FORM

This Agency must be notified of the disposition of any radiation machine which is transferred, disposed of or rendered inoperable. Any unit indicated as being in storage will remain on your inventory and a fee assessed accordingly. If the unit is discarded or any part of the unit disassembled to prevent the unit from being energized, please notify this Agency by completing this form. At that time the unit will be removed from your inventory.

REGISTRANT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ REGISTRATION NUMBER: _____

RADIATION MACHINE DATA

Complete the following information for each machine which is no longer in use. On the "TRANSFERRED TO:" line, indicate to whom the equipment was transferred, how it was disposed or how it was rendered inoperable.

MANUFACTURER: _____

TRANSFERRED TO: _____

MODEL NUMBER: _____

ADDRESS: _____

SERIAL NUMBER: _____

DATE OF TRANSFER: _____

MANUFACTURER: _____

TRANSFERRED TO: _____

MODEL NUMBER: _____

ADDRESS: _____

SERIAL NUMBER: _____

DATE OF TRANSFER: _____

MANUFACTURER: _____

TRANSFERRED TO: _____

MODEL NUMBER: _____

ADDRESS: _____

SERIAL NUMBER: _____

DATE OF TRANSFER: _____

Your submission of this completed form to the address below will save the need for additional correspondence.

TEXAS DEPARTMENT of HEALTH
BUREAU of RADIATION CONTROL
1100 WEST 49th STREET
AUSTIN, TEXAS 78756-3189

I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Additional Equipment Information

MANUFACTURER:_____

MODEL NUMBER:_____

SERIAL NUMBER:_____

MANUFACTURER:_____

MODEL NUMBER:_____

SERIAL NUMBER:_____

MANUFACTURER:_____

MODEL NUMBER:_____

SERIAL NUMBER:_____

MANUFACTURER:_____

MODEL NUMBER:_____

SERIAL NUMBER:_____

TRANSFERRED TO:_____

ADDRESS:_____

DATE OF TRANSFER:_____

TRANSFERRED TO:_____

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